

NOTICE OF CONTROVERSY

THIS IS A DENIAL OF YOUR BENEFITS

1. WCB FILE # (if known):

EMPLOYEE

2. EMPLOYEE LAST NAME:	3. FIRST NAME:	4. MI:	5. EMPLOYEE ID:	
			TYPE:	#:
6. STREET/P.O. BOX MAILING ADDRESS:	7. CITY:	8. STATE:	9. ZIP:	10. HOME PHONE #: ()
11. DATE OF INJURY: _/_/	12. SPECIFIC INJURY OR ILLNESS:		13. BODY PART(S) AFFECTED:	

EMPLOYER

14. INSURER/CLAIM ADMIN FILE #:	15. EMPLOYER NAME:	16. EMPLOYER MAILING ADDRESS AND PHONE #:	
17. INSURER/CLAIM ADMIN NAME AND ADDRESS:		18. INSURER/CLAIM ADMIN FEIN:	

NOTICE TO EMPLOYEE

YOUR EMPLOYER/INSURER IS DENYING YOUR WORKERS' COMPENSATION CLAIM OR PART OF IT. THE REASON FOR THE DENIAL IS CHECKED BELOW.
IF YOU DISAGREE WITH THIS DENIAL, CONTACT A CLAIMS RESOLUTION SPECIALIST AT THE NEAREST REGIONAL OFFICE LISTED BELOW.

19a. FULL DENIAL REASON	19b. PARTIAL DENIAL REASON
FULL DENIAL EFFECTIVE DATE _/_/	20a. DATE OF INITIAL INCAPACITY _/_/
	CURRENT DTE OF INCAPACITY _/_/
	20b. DATE EMPLOYER NOTIFIED _/_/
*NOTE: Reasons identified in boxes 19a or 19b will not preclude a party from raising additional issues at a later date.	

COMMENTS:

21.

22. IF THIS DENIAL NOTICE IS NOT TIMELY PURSUANT TO RULE 1.1, the employee must be paid total benefits, with credit for earnings and other statutory offsets, from the date of incapacity in accordance with 39-A M.R.S.A. § 205(2) and in compliance with 39-A M.R.S.A. § 204. The requirement for payment of benefits under this subsection automatically ceases upon the filing of a Notice of Controversy and the payment of any accrued benefits. Payment under Rule 1.1 requires filing of a Memorandum of Payment.

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES

AUGUSTA
24 STONE ST. SUITE 2
AUGUSTA, ME
04330-5220
(207)287-2308 (Voice)
1-800-400-6854 (Voice)
TTY 1-877-832-5525

BANGOR
106 HOGAN ROAD
BANGOR, ME
04401-5638
(207)941-4550
1-800-400-6856

CARIBOU
43 HATCH DRIVE SUITE 110
CARIBOU, ME
04736-2347
(207)498-6428
1-800-400-6855

LEWISTON
36 MOLLISON WAY
LEWISTON, ME
04240-5811
(207)753-7700
1-800-400-6857

PORTLAND
62 ELM ST.
PORTLAND, ME
04101-3061
(207)822-0840
1-800-400-6858

23. NAME (TYPE OR PRINT):	24. TELEPHONE #: ()	25. DATE SENT TO WCB: _/_/
E-MAIL ADDRESS:		26. DATE RCVD AT THE WCB (WCB use only): _/_/